## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10750006

CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7		100.0		1	RATE	FEE	7			
FOR			7		NII INAD	ER EXTRA		BASIC FEE	<del>                                     </del>	-	RATE BASIC FEE	FEE 770.00	
			NUMBER FILED		NOMB	EH EXTHA		DASIC FEE	383.00	JOR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 9=		OR	X\$18=		
	DEPENDENT C		2 minus 3 = 1			2		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	720	
CLAIMS AS AMENDED - PART II								OTHER THAN					
						(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
4ME	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		Jon	ADDIT. FEE		
		CLAIMS		HIGHE		(Coldinii 3)	lr	····	ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**	•	=	X	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	lŀ	X43=		OR	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╵┟	4.5					
								+145=		OR	+290=		
										OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	-	+145=										
* 11	* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.									OR	+290=		
** [	** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					r foun	d in the app	ropriat box	in colu	ımn 1.		